

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM

(Rev. 02/96)

Polk

DR-3
NOTICE OF
DISSOLUTION

For Office Use Only

Comm. # 21113
Indexed SW
Audited _____
Computer _____
Certified Date of Dissolution _____

COMMITTEE NAME

JAN 16 2003

Official Name of Committee	
<u>Save Our State</u>	
Street	
<u>1517 Pennsylvania Ave</u>	
City, State, Zip Code	
<u>Des Moines, Iowa</u>	<u>50316</u>
Area Code	Telephone
<u>(515) 265-0874</u>	

Effective date of dissolution:

JANUARY 15, 2003

Frank A. Cook
Signature of Treasurer

January 15, 2003
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Signature of Candidate - Required for Candidate's Committee

Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.